



DHS
Limited English Proficient/Sensory Impaired Program
Customer Satisfaction Survey

Name (Optional): _____
Telephone Number (Optional): _____
Location: _____
Date: _____

☐ Yes ☐ No 1. The Notice of Free Interpretation Services sign was posted.

☐ Yes ☐ No 2. I was provided Free Interpretation Services.

Name of Interpreter: _____

3. I declined free services and used _____ as an Interpreter.

Relationship to Interpreter: _____

☐ Yes ☐ No 4. Were you asked/required to provide your own interpreter?

☐ Yes ☐ No 5. The Interpreter was helpful and courteous.

If no, please explain: _____

☐ Yes ☐ No 6. The Employees were helpful and courteous.

If no, please explain. Employees' Names: _____

☐ Yes ☐ No 7. Overall, I was satisfied with the services that I received.

If no, please explain: _____

Comments/Feedback/Concerns that could improve service delivery:

Use back of sheet if necessary

Please complete and return to the DHS LEP/SI Program Office: 2 Peachtree Street, NW
Suite 30-452

Atlanta, GA 30303

Fax: 404-651-5444

e-mail: lepsi@dhr.state.ga.us

Thank you for your feedback as we strive to improve the delivery of service to individuals

DHS Contract Interpreter Services Customer Feedback

Instructions

NOTE: Including your name and telephone number is not required to complete this form.

1. Indicate the DHS location visited and the date of your visit.
2. Mark either YES or NO for each of the 4 questions.
3. If free interpreter services were provided by DHS, provide the name of the Interpreter/Staff.
4. If you declined free interpreter services by DHS, provide the name of the person providing interpreter services for you. Indicate your relationship, if any, to the interpreter.
5. If NO is marked for questions 4, 5, 6 or 7, please provide an explanation.
6. Please provide feedback, such as questions and concerns, about the services that you received. Your input may assist us in improving service delivery.
7. Submit the completed form to the LEP/SI Program Office via mail or fax. Completed forms may also be emailed to leps@dhr.state.ga.us. The LEP/SI Program will maintain records of all customer satisfaction surveys.